

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 516917

FILING DATE

3.2.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13	1		1			
14		1		1		
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
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47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						